

# **Maine Center for Disease Control and Prevention WIC Nutrition Program**

Effective: October 1, 2012

Policy No. BFPC-2

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## **Breastfeeding Peer Counselor Scope of Practice**

### **Authority**

22 MRSA§255 and §1951

10-144 CMR Chapter 286, §II.J.8

USDA All States Memorandum 04-27, “Breastfeeding Peer Counseling Grants/Training”  
(April 8, 2004)

### **Policy**

1. Peer Counselors (PC) shall provide basic prenatal and postpartum breastfeeding counseling following State Agency protocols.

### **Procedures**

1. Peer Counselors shall:
  - 1.1. Be present in the clinic at a minimum of two hours weekly.
  - 1.2. Be available to offer breastfeeding help outside of WIC clinic hours.
  - 1.3. When working from home, maintain a private and confidential space that is conducive to making or receiving phone calls to and from participants as needed and completing other work-related responsibilities.
  - 1.4. Local Agencies must provide cell phones when allowing peer counselors to work from home.
  - 1.5. If contacting participants via email, it must be through the Local Agency’s secure email system.
  - 1.6. Follow referral guidelines mandated by the breastfeeding peer counselor supervisor, which may include to an International Board Certified Lactation Consultant (IBCLC), lactation consultant, or medical provider when indicated.
2. Peer Counselors shall provide counseling in the following manner:
  - 2.1. By phone or text
  - 2.2. In person

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- 2.3. By email
- 2.4. Prenatal or breastfeeding classes
- 2.5. Social media
- 3. Job responsibilities of Breastfeeding Peer Counselors (BFPC) shall include:
  - 3.1. Serve as ambassadors of WIC to pregnant and breastfeeding women and community partners such as hospitals and breastfeeding coalitions.
  - 3.2. Contact BFPC Program participants at the frequency intervals listed in the Loving Support Curriculum.
    - 3.2.1. The more contacts made by PCs, the higher rates of exclusive breastfeeding at 2 weeks, three months, and six months.
    - 3.2.2. Calls initiated by PCs are more effective at increasing duration rates than waiting for calls.
    - 3.2.3. Electronic contacts shall follow confidentiality procedures detailed in *Policy No. IS-4, Information Systems, Data Security*.
  - 3.3. Offer breastfeeding encouragement and support.
  - 3.4. Teach mothers basic techniques that help ensure a successful start in breastfeeding.
  - 3.5. Provide information on the advantages of breastfeeding and the risks of not breastfeeding.
  - 3.6. Encourage clients to attend prenatal classes and help mothers advocate for a positive birth/hospital experience.
  - 3.7. Document counseling contacts and attempted contacts in the participant's electronic SPIRIT file and Breastfeeding Peer Counselor Activity Log and Monthly Report (Appendix BFPC-A3).
    - 3.7.1. If a BFPC does not have SPIRIT access at the time of the contact with a participant, the BFPC shall document the contact in SPIRIT as soon as SPIRIT access becomes available.
  - 3.8. Learn to describe problems, symptoms, and the normal course of breastfeeding.
  - 3.9. Help mothers plan for a return to work or school that supports the continuation of breastfeeding.

- 3.10. Learn and apply WIC counseling techniques as needed to help women identify their concerns and barriers around breastfeeding.
  - 3.11. Identify situations out of their scope of practice and initiate referrals to appropriate resources in a timely manner.
  - 3.12. Maintain confidentiality in all settings. See the Peer Counselor Confidentiality Statement for additional detail (Appendix BFPC-A4).
  - 3.13. Attend ongoing in-service trainings and meetings.
  - 3.14. Assist with teaching breastfeeding classes and conducting breastfeeding support groups.
  - 3.15. Assist with breastfeeding promotion activities in the clinic or at community events.
4. Former and current contact logs shall be stored in binders and kept on file for three (3) years.
5. Peer Counselors shall not:
  - 5.1. Diagnose conditions.
  - 5.2. Provide medical advice.
  - 5.3. Prescribe or recommend medications.
  - 5.4. Attempt to remedy potentially serious problem(s).